EARS

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CARE OF THE EARS

A sudden wail in the middle of the night is a fairly common happening in most homes where there is a baby or small child. Nine times out of ten it is only a dream, or a "puff of wind"—and a drink of water, a little petting and soothing, perhaps "the pot" or a nappy changed — and then all is peace again and you scurry back to bed for a few more precious hours of much needed sleep.

But there is just the odd chance that it might be something less easily put right, and one of the things it might be is earache. How are you to know, especially if baby is too small to tell you "where it hurts?" And even if you are pretty sure that it is earache, what are you to do about it?

You will save yourself a lot of unnecessary doubt and worry, and your child unnecessary suffering if you know a bit about ears in general and what sort of things are likely to affect them. So let's find out now and set your mind at rest.

The ear as we know it in every day life is only one part of what doctors recognise as our hearing organ. To them the ear is a complicated affair divided into three parts—*the external ear* the part outside, and two parts which we can't see because they are inside the head.

The little wax lined canal of the external ear leads down to the "drum" which forms a partition between it and the first inside part the *middle ear*.

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And still further inside, and connected with the middle ear, is the *internal ear*. These three parts are all concerned with our ability to hear, and the internal ear contains our balancing mechanism. But for our purpose, the external and middle parts are the most important because they are most easily and most frequently affected in childhood.

Why is that so ?

Well, it is quite easy to see how the external ear can be affected by accident, injury or ignorance. We all know the little canal that runs down to the drum, and the wax which gathers there so persistently and always needs a special inspection on Monday mornings! This wax is really a protective substance which should not be cleaned away too vigorously, and you may even damage the drum if you poke in too far.

Wipe gently round the entrance to the canal with a wisp of cotton wool rolled in your fingers and if you are using soapy water, or any fluid, dry thoroughly afterwards. Don't use anything that will scratch and injure the surface, and don't push too far down. Match sticks, except well covered at the end with cotton wool, hair pins, or any other things like that are out!

Sometimes the wax blocks up the canal and presses on the drum making you deaf on one side and causing a buzzing in that ear.

If this happens, go to your doctor. No amount of

clearing and poking will make any difference, except to make matters worse. The wax must be syringed out, and that needs to be done carefully by someone who knows how.

Occasionally, in an over enthusiastic mood of experiment, young junior will try to see what it feels like to have a bead or a pea, or a seed in his ear, and then get annoyed because it won't come out again. *Don't* on any account try to get it out yourself. You are much more likely to push it further in and make things much more difficult both for junior (who by now is probably frightened and upset) and for the doctor to whom you will ultimately have to go for help. And don't try to float or wash it out. Many seeds and peas and such things swell with moisture, and that makes matters worse still. If it should happen to be a small insect which has found its way in by mistake a little oil will do no harm but it is always better to leave such things to your doctor.

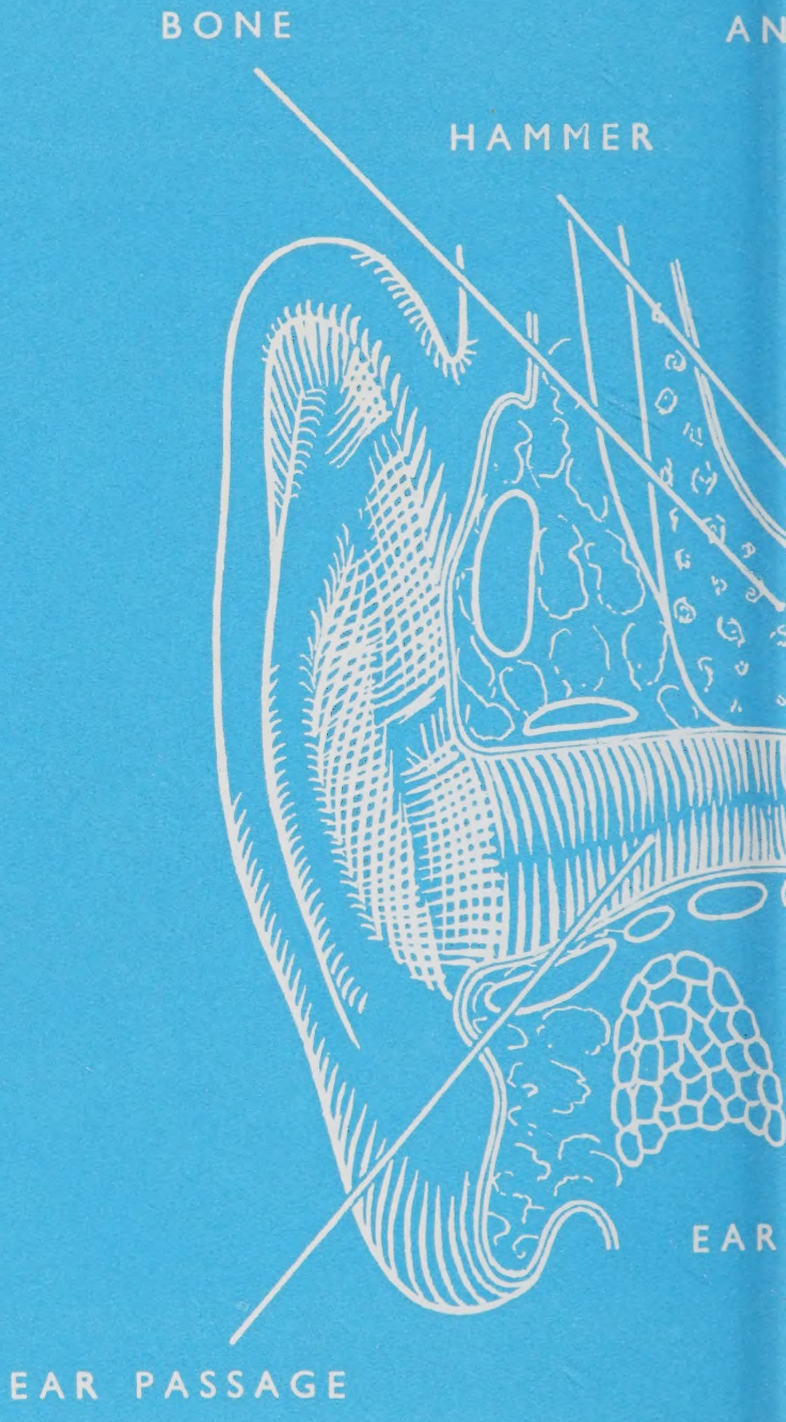
Sometimes a very painful small boil develops in the skin of the canal, making the whole ear extremely tender when touched. Again this is something which needs expert advice and treatment so consult your doctor whenever you notice anything wrong.

Very rarely the drums may be injured or burst by a blow on the ear, or the blast from an explosion or a severe head injury. Also, not so rarely, by poking down the canal with something sharp like a hair pin or knitting needle.

If this fortunately rare accident should occur you will need to be very careful not to introduce any germs into the wounded area, either from the outside by washing or syringing, or from the inside by blowing the nose, until the drum has healed. It probably seems strange to you that blowing the nose can introduce germs into the ear, but it can and does very frequently, and here is how it happens.

Just behind the drum lies the middle ear, with its three tiny little bones which connect the drum to the internal ear. Leading out of this middle ear is a tube which opens into the back of the throat just behind the nose. And this is what does all the damage, for by means of this connecting tube any catarrh or inflammation at the back of the throat or nose may get into the middle ear and cause catarrh or inflammation there. So, it follows, any condition which causes catarrh or inflammation at the back of the nose or throat, such as recurrent colds, large infected tonsils and adenoids, or some acute fevers like measles or scarlet fever, is likely to cause ear trouble. (Now we are beginning to see when we should think twice about that sleepy wail, and when we can afford to go back to bed with an easy mind!)

Ear troubles may be anything from earache, repeated attacks of deafness, acute infections leading to abscess of the middle ear (which if not treated promptly will end up in a burst drum and a discharging ear and deafness) to the severe infection spreading to and involving the surrounding bone—mastoid inflammation.


BONE
AN
HAMMER
EAR
EAR PASSAGE

SEMICIRCULAR CANAL
STIRRUP
INNER EAR
HEARING NERVE
DDLE EAR
TUBE LEADING TO NOSE
(EUSTACHIAN TUBE)

This all sounds very terrifying, but there is one very important comforting thing to remember. If the condition is *treated early*, and effectively, recovery is almost always complete with no distressing after effects like a discharging ear or deafness. But you must be on your guard so that you can *recognise the danger signs* and get *early treatment*.

How are you to do that ?

Of course the sensible way to start with, is to do your best to see that these things do not happen to your child. A well fed healthy child has good protective powers of its own to deal with germs and infections, so by following the simple rules of good health—good food, fresh air, exercise and rest—you will have done a lot towards safeguarding him against such troubles.

Then you can teach him to avoid running risks himself by teaching him to blow his nose properly. When both nostrils are closed, by being gripped in the handkerchief, a terrific pressure is set up at the back of the nose. This pressure will force any catarrh or discharge at the back of the nose or throat, along that connecting tube right into the middle ear. So teach him to blow his nose gently with both nostrils open at the same time.

If you think he has enlarged or unhealthy tonsils or adenoids you can ask your doctor's advice, and he will say whether they are likely to cause trouble or not and what to do about it.

Repeated colds should always be regarded as

unnatural, especially if they are accompanied by attacks of earache or deafness. These repeated attacks of deafness are due to catarrh of the middle ear and neglect of the danger signals will lead to some permanent deafness, while prompt treatment will give complete cure. That this danger has often gone unrecognised in the past is shown by the fact that six out of every hundred of our school children suffer from some deafness.

Earache, and a high fever, and the child looking ill probably means that he is starting an abscess of the middle ear and must have *treatment at once*, if he is to avoid a serious illness with permanent damage to his hearing. With proper treatment, *given promptly*, he will be completely recovered in two to three weeks, with a dry ear, a healed drum and normal hearing. *Never wait until the ear has begun to discharge through the ruptured drum.*

If for some reason, the infection and accompanying discharge has become chronic it is far more difficult to cure, and the child will be left with a permanent hole in his drum, even though the discharge ultimately dries up. When there is such a hole he must never let water get into his ear by washing, swimming, having drops put in, or having the ear syringed. If he does the discharge will start up again.

When a chronic discharge is present, always consult a doctor, even though there may be no discomfort and apparently nothing else troublesome. He will tell you what to do, but whatever he

advises, one thing is certain. No matter what treatment is advised it will not succeed unless you allow the discharge to escape freely by mopping it up two or three times a day with cotton wool, or syringing gently with a little warm water.

Never block it up by plugging the ear tightly with cotton wool. It will only act as a cork and drive the infection inwards.

Well now what have we learned out of all this to help us with the baby or child crying in the night?

1. First of all, healthy children don't often get ear troubles.

2. There are special times when we have to be on our guard, during a cold, or a fever like measles or scarlet fever, or whooping cough.

3. There are special conditions which should put us on our guard. Repeated attacks of cold, a chronic running nose, enlarged tonsils or adenoids, and always when the child is not thriving as well as usual.

4. All ear conditions require early treatment.

5. If treated early cure will be complete.

6. Repeated attacks of earache or deafness, even if they do not last long, must be treated, or deafness will result.

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